

Jennings Recreation Cheering

8720 Jennings Station Rd.

Jennings, MO 63136

314-388-3040 ext. 5

***WE ARE NOW ACCEPTING CHEERING REGISTRATIONS***

**$ 65 per child (includes uniform)**

**(50% by December 12th and the remainder due by January 9th)**

**Ages 7-13**

 **(If your child cheered Last year, and will still use her uniform she will receive a discount!)**

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*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_\_ SEX: M / F SPECIAL NEEDS \_\_\_\_\_\_\_\_\_\_*

*ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PARENT / GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Jennings Recreation Hold Harmless Policy Waiver and Release of all Claims**

*By my signature I recognize and acknowledge that there are certain risks of physical injury to participants and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating. I further agree to waive and relinquish all claims I or my child/ward may be entitled to as a result of participation. I also understand that the City of Jennings exercises a hold harmless policy at all facilities and fields. This releases the City of Jennings, its agents, representative or employees from any and all claims which may arise out of an accident or injury*

*Cause by negligence of the city of Jennings or its agents, representative or employee while using city facilities or fields. I agree to the unreserved use of my child’s name and /or likeness (including photographs, videotapes and other depictions) for publicizing Jennings Recreation programs and events. I have read and fully understand the above information.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Payment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec’d by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_